

## DFA CRIMINAL BACKGROUND CHECK FORM FOR CURRENT EMPLOYEES

I understand that as a requirement under Act 2210 of 2005 or the DFA Criminal Background Check Policy, a criminal history check shall be obtained from the Arkansas State Police:

In accordance with Act 2210 of 2005, I am currently in a position that authorizes the manufacture or production of driver's licenses or identification cards, or has access to such ability  
OR

I am currently in a designated management position within the Department of Finance and Administration.

I further understand that the information is for the official use of the Arkansas Department of Finance and Administration in its determination of my suitability for continued employment.

I authorize a representative of the Arkansas Department of Finance and Administration to obtain any information pertaining to my law enforcement record (including but not limited to, any record of charge, prosecution or conviction for a criminal offense). I authorize each law enforcement agency to which this form is presented to release any results, upon request of the authorized requestors as described above.

Copies of this form that show my signature are as valid as the original signed by me. This consent is valid until the termination of my application process or my affiliation with the Arkansas Department of Finance and Administration, whichever is later.

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Signature (in ink)	Full Name (type or print clearly)	Date
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Other Names Used

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Social Security Number	Race	Sex	Place of Birth	Date of Birth
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Valid Identifying Document (Driver's License, Passport, Birth Certificate, etc.)

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Best method to contact you, if necessary? (phone, fax, email)

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Signature of Witness	Full Name and Title of Witness (type or print clearly)
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TO BE COMPLETED BY SUPERVISOR OR DESIGNATED PERSON: (print or type)

Position Number: \_\_\_\_\_ Position Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Bus Area: \_\_\_\_\_ Office: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

TO BE COMPLETED BY DFA HR:

Employee Contact Dates/Times: \_\_\_\_\_ Name: \_\_\_\_\_